

Application Data Sheet

Application Information

Application number:: Unassigned
Filing Date:: 12/06/00
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??:
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: DIRECT WAVEFRONT-BASED CORNEAL
ABLATION TREATMENT PROGRAM
Attorney Docket Number:: 018158-018610US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: Fig. 5
Total Drawing Sheets:: 14
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.:: No

1006992 120601
109021 2669000

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: LAWRENCE
Middle Name:: W.
Family Name:: STARK
Name Suffix::
City of Residence:: Berkeley
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 9 West Parnassus Court
City of Mailing Address:: Berkeley
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94708-2039

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: JOHN
Middle Name:: K.
Family Name:: SHIMMICK
Name Suffix::
City of Residence:: Belmont
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1100 Lassen Drive
City of Mailing Address:: Belmont
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94002

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Application::	Filing Date::
This Application	Claims benefit of priority of	60/254,313	12/08/00
	Provisional Application		

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

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